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USPTO FACSIMILE COVER SHEET

To: Commissioner for Patents
Fax Number: (571) 273-8300
Date: March 30, 2006
Pages: 13 pages (including this cover sheet)

MESSAGE:

METHOD OF ESTABLISHING THE TRUSTWORTHINESS LEVEL OF A PARTICIPANT IN A COMMUNICATION CONNECTION

Application No. 09/743,844
Examiner T. R. Peeso
Art Unit 2132

Amendment Transmittal
Petition and Fee for Extension for Time
Amendment

CH9-1998-0027US1
(590.052)

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MAR 30 2006

FERENCE & ASSOCIATES
Amendment TransmittalAny. Docket No. CH0-1903-0027US1
(590.052)

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of : Binding et al.
Serial No. : 09/743,844 Examiner : T. R. Peeso
Filed : August 9, 2001 Group Art Unit : 2132
For : METHOD OF ESTABLISHING THE TRUSTWORTHINESS LEVEL
OF A PARTICIPANT IN A COMMUNICATION CONNECTION

HON. COMMISSIONER FOR PATENTS
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

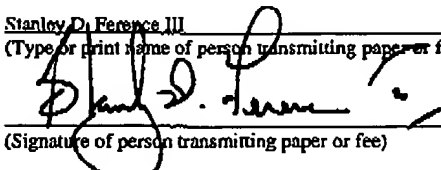
Transmitted herewith is an Amendment in the above-identified application.

1. ☒ Applicant requests an extension of time to respond to the outstanding Office Action. A Petition for an extension of time is enclosed.
- OR
2. ☒ In the event that an extension of time is required, this conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition and fee for extension of time.
3. ☐ Small Entity status of this application has been established by a verified statement previously submitted.
4. ☐ A verified statement to establish Small Entity status is enclosed.

CERTIFICATE OF FACSIMILE TRANSMITTAL

I hereby certify that this paper (along with any referred to as being attached or enclosed) is being facsimile transmitted on (571) 273-8300 on March 30, 2006 to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Stanley D. Ference III
(Type or print name of person transmitting paper or fee)


(Signature of person transmitting paper or fee)

Page 1 of 2

FERENCE & ASSOCIATES
Amendment Transmittal

 Atty. Docket No. CH9-1998-0027US1
 (590.052)

5. ☐ Also enclosed: _____
6. ☒ No additional filing fee is required.
7. ☒ The filing fee has been calculated as shown below:

	Claims Remaining After Amendment (Col. 1)	Highest No. Prev. paid for (Col. 2)	Present Extra (Col. 3)	SMALL ENTITY			OTHER THAN A SMALL ENTITY	
				RATE	FEE		RATE	FEE
Total Claims	9	- ** 20	= * 0	x \$25	=	O R	x \$50	= 0
Ind. Claims	3	- *** 3	= * 0	x \$100	=	O R	x \$200	= 0
<input type="checkbox"/> Multiple Dependent Claim Presented				+ \$180	=	O R	+ \$360	=
				TOTAL	= \$	O R	TOTAL	= \$ 0

* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.

** If the "Highest No. Prev. paid for" in this space is less than 20, write "20" in this space.

*** If the "Highest No. Prev. paid for" in this space is less than 3, write "3" in this space.

8. ☐ Applicant encloses herewith a check for \$___ to cover the filing fee.
9. ☐ The Commissioner is hereby authorized to charge the \$___ filing fee to Deposit Account No. 50-0510.
10. ☒ The Commissioner is hereby authorized to charge payment of any additional filing fees associated with this communication or credit any overpayment to Deposit Account No. 50-0510.

Respectfully submitted,

FERENCE & ASSOCIATES

By

 Stanley D. Ference III
 Reg. No. 33,879

 Dated: March 30, 2006

Mailing Address:

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